

# Pediatrician Interview

*Before*

Name of Doctor: \_\_\_\_\_  
 Scheduled Apt Date/Time: \_\_\_\_\_  
 Location: \_\_\_\_\_ Commute: \_\_\_\_\_  
 Practice/Hospital Affiliation: \_\_\_\_\_  
 Insurance Coverage:  YES  NO  
 Overall Impression of Scheduling:  
 Accommodating  Willing  Hesitant

*General*

Parking:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Office Location:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Office Staff:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Waiting Room:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Exam Rooms:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

*Pediatrician Interview Questions*

1. How long have you been in practice/ how much experience do you have with multiples?  
\_\_\_\_\_
2. Do you have any sub-specialties? \_\_\_\_\_
3. What are your office hours? \_\_\_\_\_
4. How would I reach you on a regular basis? \_\_\_\_\_  
 Is Email available?  YES  NO      Response time through email? \_\_\_\_\_  
 Is Text/Phone available?  YES  NO      Response time through text/phone? \_\_\_\_\_
5. What is the after-hours (holidays/weekends) procedure? \_\_\_\_\_
6. What are your views/thoughts on:  
 Breastfeeding vs. Bottle Feeding: \_\_\_\_\_  
 Circumcision: \_\_\_\_\_  
 Antibiotics: \_\_\_\_\_  
 Traveling Near/Far: \_\_\_\_\_  
 Vaccines (Bulk or Space Out): \_\_\_\_\_  
 Sleeping (Let Cry / CoSleeping): \_\_\_\_\_  
 Other: \_\_\_\_\_
7. Do you have any child-care/book recommendations for multiples?  
\_\_\_\_\_
8. Is a nurse available to answer questions should you be unavailable?  YES  NO
9. If you are on vacation, is there another doctor in the office who we would see?  
 (single or multi-doctor practice) \_\_\_\_\_
10. How far in advance do we need to schedule appointments? \_\_\_\_\_
11. Will you see our multiples at the same time or at separate visits? \_\_\_\_\_
12. Do you have a lot of experience with premature babies? \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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